15/5/2010

INS. CASE OWNER: CC3/CTI21010476/Tea3q2

LKK:

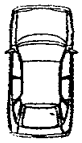
IDAC:

ASSIGNMENT

Surveyor: TAUFIKH DOI: 11/10/2021 Date / Time : 11/10/2021

Registered in Merimen: ——

Pre-assign / CCU / FTE



Insured Vehicle No. : SMF 6378K Claim No. : DMCVSNW00102022002

Name of Insured : Policy No. : SNM21D205831/C02/SMF6378K/CHEESC

Insured Tel No. : HP: Make / Model :

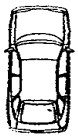
Excess Sec II :S$ D.O.A : 10/10/2021 15:30 Place of Accident : 631 Ang Mo Kio Street 61, Singapore LOT 19

Is driver the owner? (YES / NO) Nature of Accident :

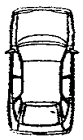
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

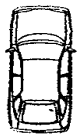
SH 6971R → → →



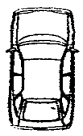
INSRS:
WSP: CDGE
Tel : LOYANG
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time			
	SH 6971R - X SMF 6378K - X	**STAGE**	**DATE / PIC**
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	
		After call ltr to OI:	
		Documentation Check List:	**Handler** **Typist**
		Notification ltr (if non-pickup)	☐ ☐
		After call ltr to OI:	☐ ☐
		Authorisation To Act:	☐ ☐
		Release Voucher:	☐ ☐
		Final Repair Bill:	☐ ☐
		Car Rental Invoice:	☐ ☐
		Towing Invoice	☐ ☐
		LTA / GIA :	☐ ☐
		Medical Bill:	☐ ☐
		PIR:	☐ ☐
		Mandate/Reject Instruction:	☐ ☐
		LOD	☐ ☐
		Payment Breakdown Form:	☐
PRELIMINARY ADVICE Date/Time:	Sent By:	Post-Repair Photos:	☐ ☐
		Others:	☐ ☐

FINALIZATION Date/Time: Confirm with: Confirm by: MTH

Repair Cost: P/P S$ 2,979.20 (2 days) Reduction: 17 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 18.02.22 Confirm with CATHERINE Email ☐ Call ☐

Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 23	If NO or B 28, Ass. Lia :
Repair Cost: w/GST	S$ 3,187.74	OID EXIT PARKING LOT HIT TP PARKED VEH
Loss of Rental (LOR):	S$ 312.98 (2.5 days) X $125.19	
Loss of Use (LOU):	S$ - ($ x days)	
Loss of Income (LOI):	S$ 125.00 ($ 50 x 2.5 days)	
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☑ [**Tick only one**]	
GIA/LTA Search	S$ 7.49	
Medical:	S$ -	1) Claim status: Normal/~~Reject/Private Settle~~
Disbursement:	S$ - (e.g. Tow/ Independent)	2) Report Format: TP
Legal Cost	S$ -	3) Survey fee: $400
Total:	**S$** 3,633.21 **Global Sum S$:** 3,630.00	

FINAL PAYMENT Date/Time: 18.02.22 Confirm with: CATHERINE Email ☐ Call ☐

Payee 1:	S$ 3,630.00	Name 1:	COMFORTDELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	